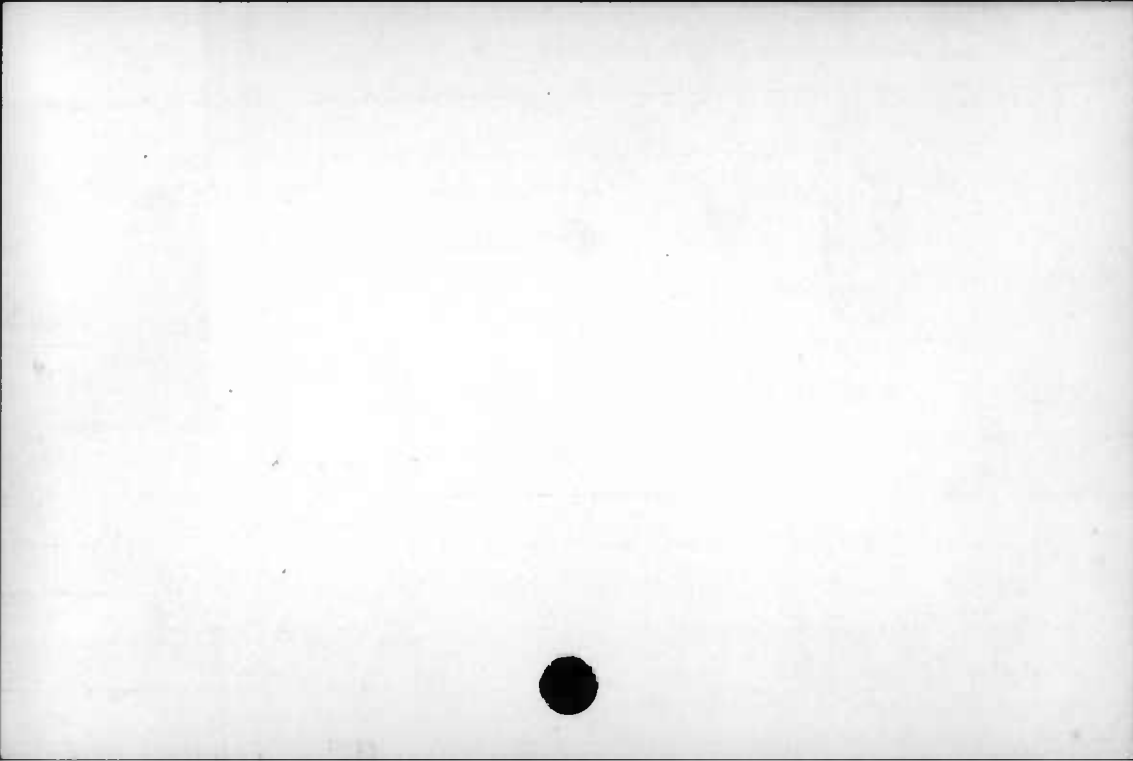


Name in Full		William J Andrew				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Ridgely	County Caroline		MARYLAND	
	Date of death	1908	Month May	Day 9	Age 45	Years	Months Days
	Sex	Male		Color or Race	White		Birth-place Queen Co
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband Seabattle Andrew			
	Father's Name	Luke Andrew				Father's Birthplace	Caroline Co
	Mother's Maiden Name	Margaret Price				Mother's Birthplace	Caroline Co
Name of person giving information	J. M. C. Glaser				How related to deceased	Brother-in-law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Paralysis				How long	Five Years
	Immediate	Heart failure				How long	Eight hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician H. N. Richards		
	Address		Ridgely, Md.				
Accident or Suicide? _____							



Name
in
Full

Annie B. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

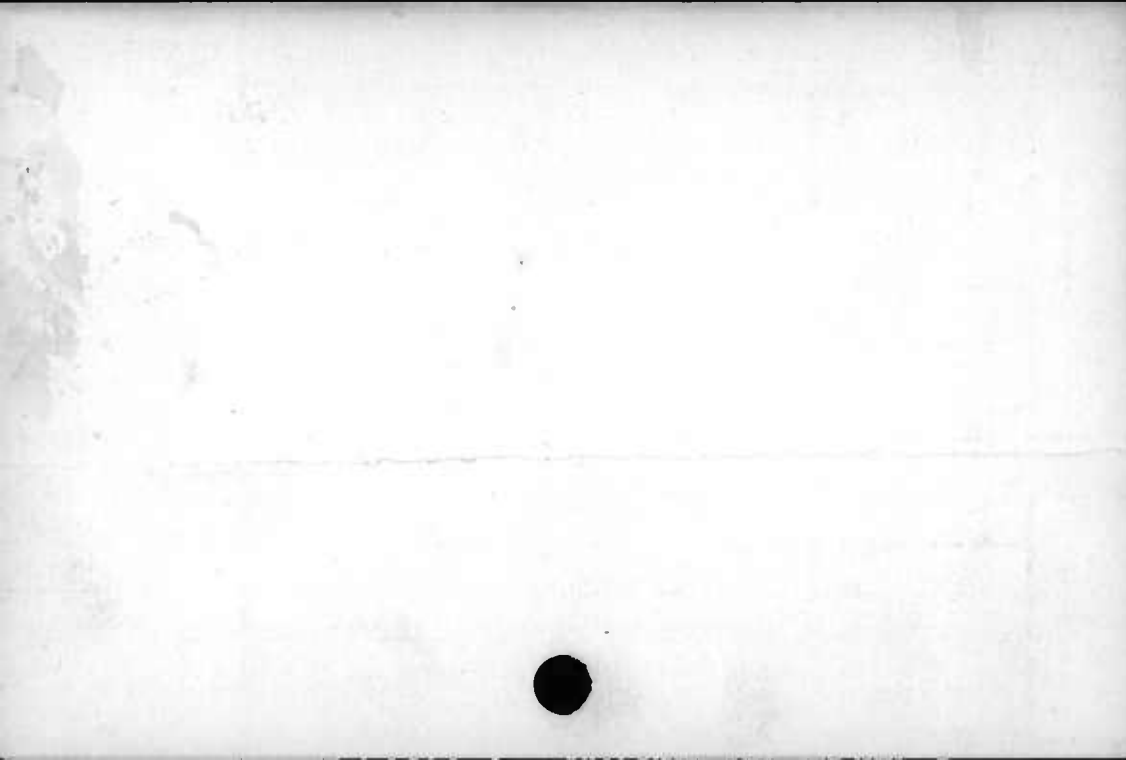
Died at <i>near Goldboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1908	Month	May	Day	19
Age	19	Years	19	Months	5
Sex	Female	Color or Race	Colored	Birthplace	Caroline Co Md
Occupation	Domestic		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	James Brown		Father's Birthplace		
Mother's Maiden Name	Sarah Wolford		Mother's Birthplace		
Name of person giving information	Jannie Brown		How related to deceased		
			Father's Birthplace		
			Mother's Birthplace		
			How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>30 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Sherrill</i>
		Address	<i>Goldboro Md</i>
Accident or Suicide?			



Name
in
Full

Alexander B. Glandin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Templeville* ^{County} *Caroline*Date of death 1908 ^{Month} *5* ^{Day} *31* ^{Years} *77* ^{Months} *-* ^{Days} *-*Sex *Male* Color or Race *White* Birth-place *Md-*Occupation *Farmer* Where Residing if not at place of death *-*Married, Single or Widowed *Married* Name of Wife or Husband *Glandin*Father's Name *Don't know* Father's Birthplace *Don't know*Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*Name of person giving information *Annie Kratter* How related to deceased *Slip's daughter*

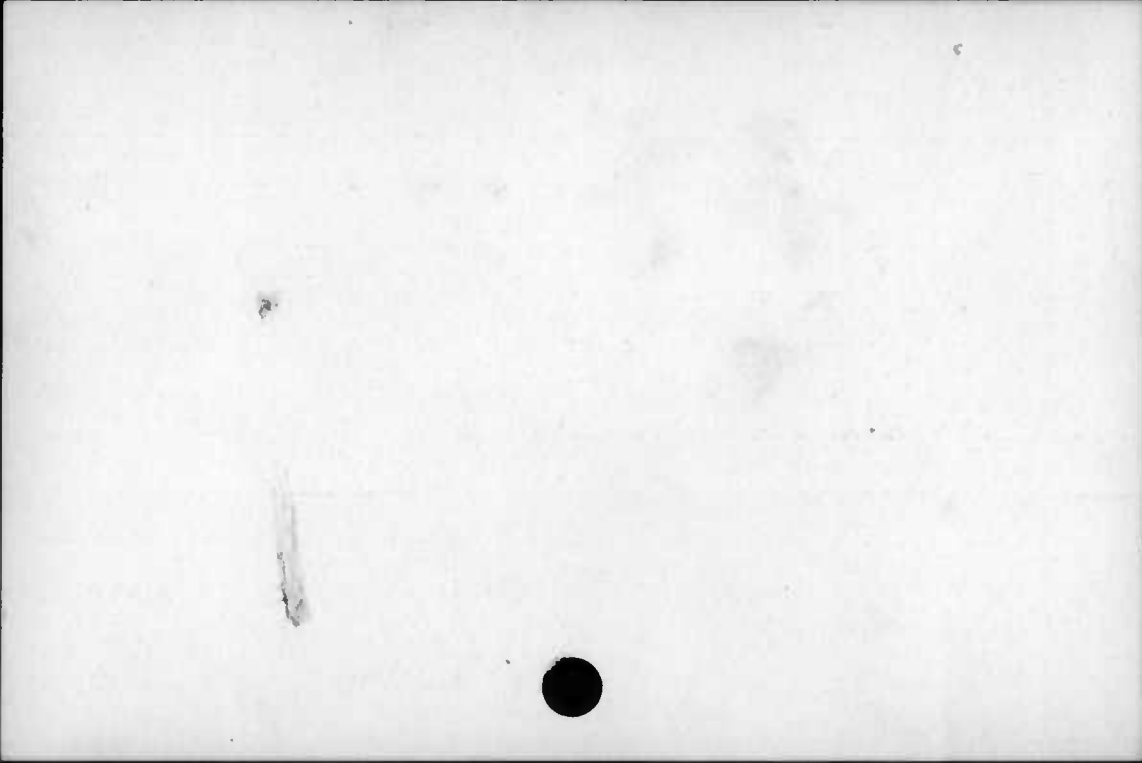
CAUSES OF DEATH

Primary *Valvular Heart Disease* How long *2 years*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. H. Smith*Address *Templeville Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Henry Goldenhorst

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Two House</i>		County <i>Leahurst</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>15</i>	Age <i>45</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>German</i>		Birth-place <i>Not known</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Two House</i>		

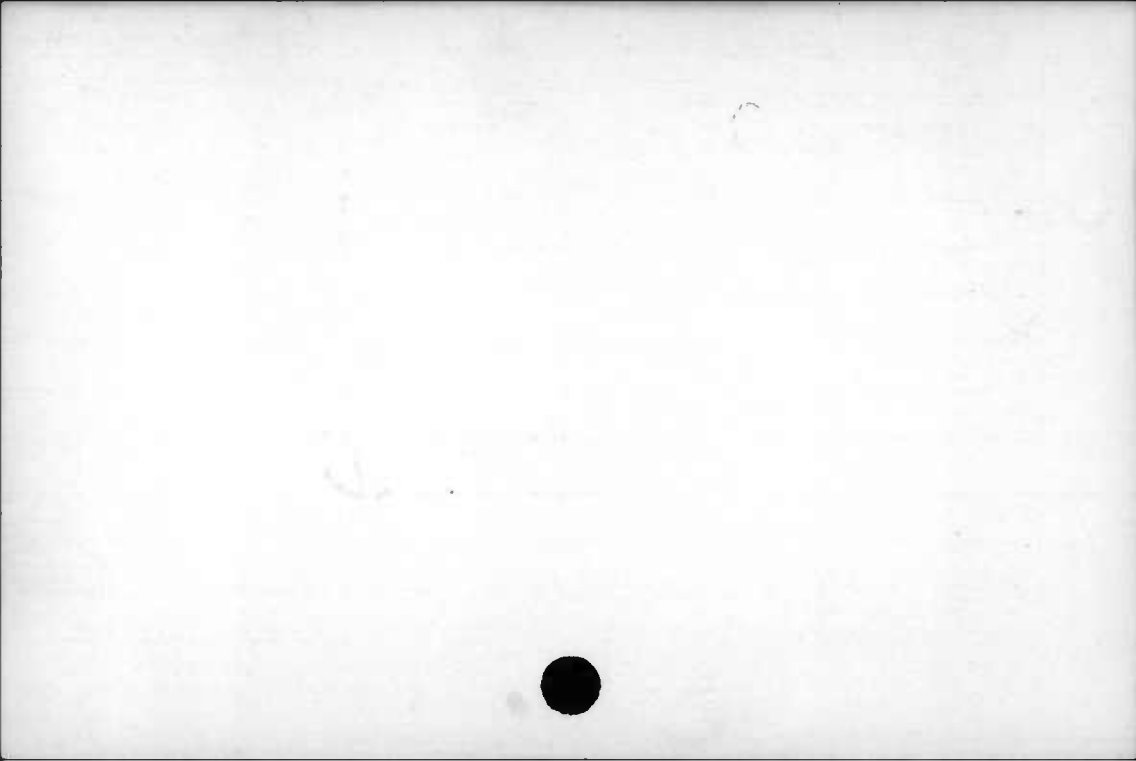
Married Single or Widowed		Name of Wife or Husband	
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>	
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>W H Barry</i>		How related to deceased <i>None</i>	

CAUSES OF DEATH

(106)

PHYSICIAN
OR CORONER

Primary <i>Chronic diarrhea</i>	How long <i>Over two yrs</i>
Immediate <i>General debility</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Theo Lambrey</i>
	Address <i>Burrowsville</i>
Accident or Suicide?	<i>M. T.</i>



Name
in
Full

CERTIFICATE OF DEATH

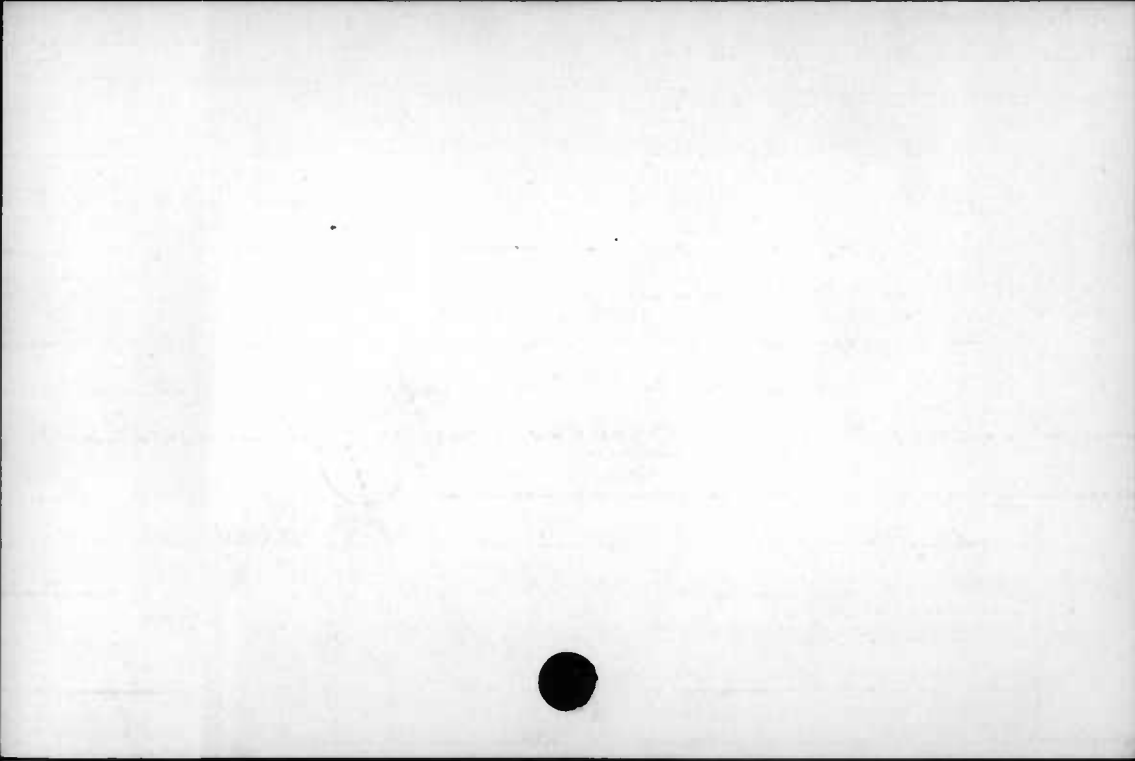
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Krumpholtz</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>26</i>	Age <i>10</i>	Months <i>4</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>L. E. F. Haltman</i>		Father's Birthplace <i>Pennsylvania</i>			
Mother's Maiden Name <i>Sadie Towns</i>		Mother's Birthplace <i>Carroll Co</i>			
Name of person giving information <i>L. E. F. Haltman</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever with spinal meningitis, 10 days</i>	How long
Immediate <i>Pneumonia & paralysis of Resp. Organs, one day</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. V. Riegels</i>
<i>They are</i>	Address <i>Ridgely, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J W Hawers

Died at *Hymson* ^{Town} *Caroline* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *May* ^{Day} *10* ^{Years} *74* ^{Months} ^{Days}

Sex *male* Color or Race *white* Birth-place *Wicomico Co.*

Occupation *Harmon* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Roxie Hawers*

Father's Name *Donk Know* Father's Birthplace *Donk Know*

Mother's Maiden Name *Donk Know* Mother's Birthplace *Donk Know*

Name of person giving information *Dr. William Hawers* How related to deceased *Son*

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

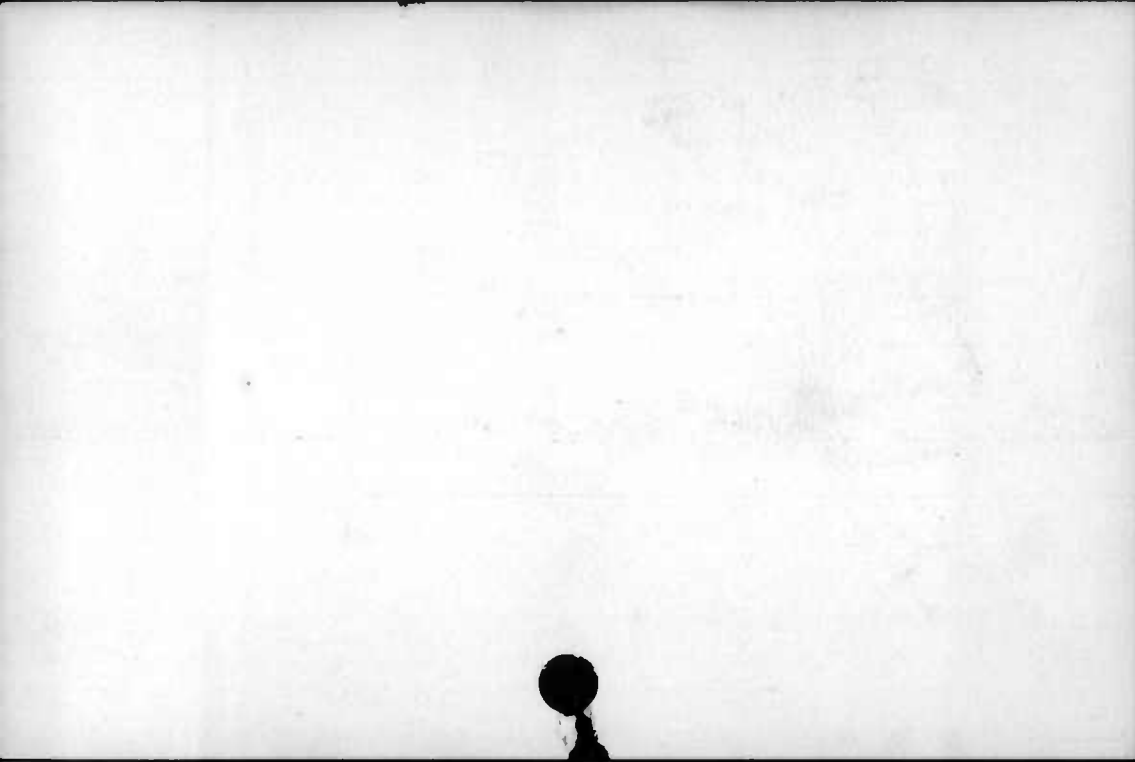
Primary *Obstruction of Gall duct* ^{How long} *6 months*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J L Hobbs* ^{Address} *Preston Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> <small>Town</small>		<i>Barlowe</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	<i>5</i> <small>Month</small>	<i>7</i> <small>Day</small>	<i>0</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Ind.</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband		
Father's Name	<i>Don't know</i>			Father's Birthplace	<i>Don't know</i>
Mother's Maiden Name	<i>Helen M. Jackson</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>W. A. J. Jackson</i>			How related to deceased	<i>Grandfather</i>

CAUSES OF DEATH

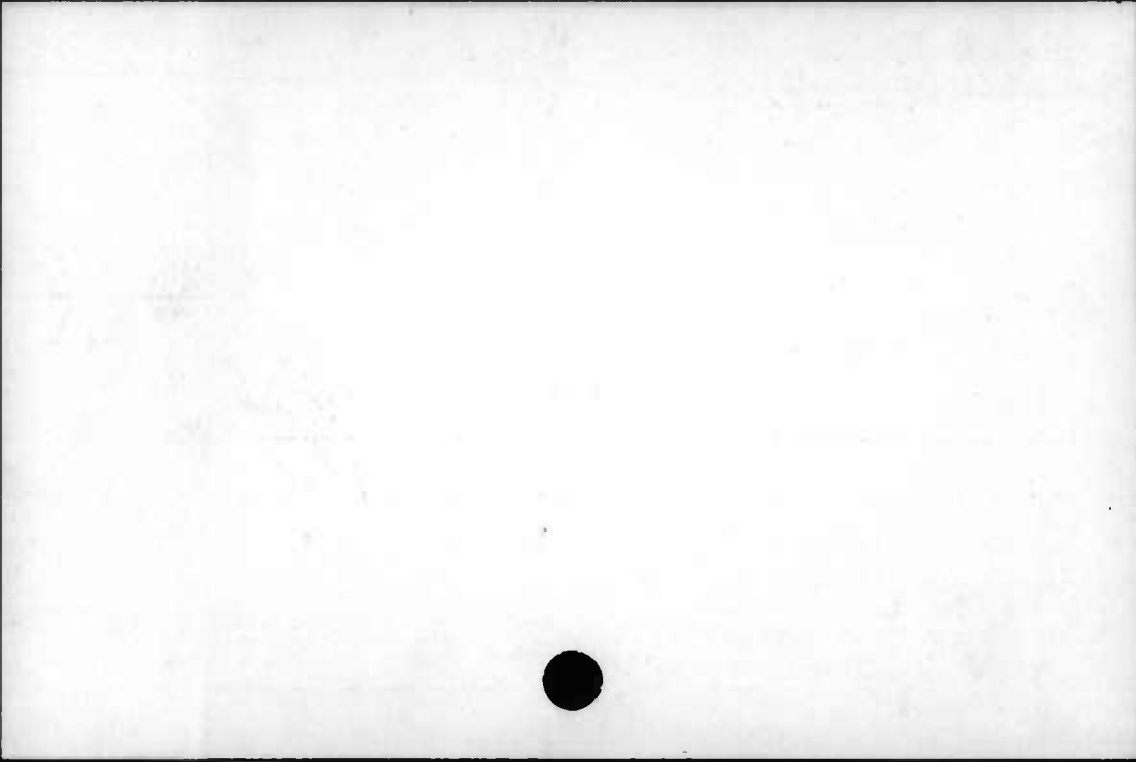
151

PHYSICIAN
OR CORONER

Primary	<i>Born 3 months before time</i>	How long	<i>—</i>
Immediate	<i>never was strong</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. N. Rickard</i>	
		Address	
		<i>Ridgely, Ind.</i>	
Accident or Suicide?			



Name in Full		Edmund Le compt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hable		County		MARYLAND	
	Date of death	1908	Month 5-	Day 28	Age	Years	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Iron		Where Residing if not at place of death		Baltimore	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Thos. J. Le compt				Father's Birthplace	Md
PHYSICIAN OR CORONER	Mother's Maiden Name	Mabel M. Carroll				Mother's Birthplace	Md
	Name of person giving information	Thos. J. Le compt				How related to deceased	Father
	CAUSES OF DEATH						151
PHYSICIAN OR CORONER	Primary	Dysentery				How long	20 days
	Immediate	Same				How long	—
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	P. R. Fisher
	Address	Baltimore				Signature of Coroner	—
Accident or Suicide?		No				—	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Halls ^{Town}

County

Caroline

Date

of death 1908

Month

5-

Day

25-

Age

Years

Months

Days

25-

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Same

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

Thomas J LeCompt

Father's
Birthplace

Md

Mother's
Maiden Name

Mittie M Carroll

Mother's
Birthplace

Md

Name of person giving
Information

Thas J LeCompt

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Dysentery

How long

10 days

Immediate

Same

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

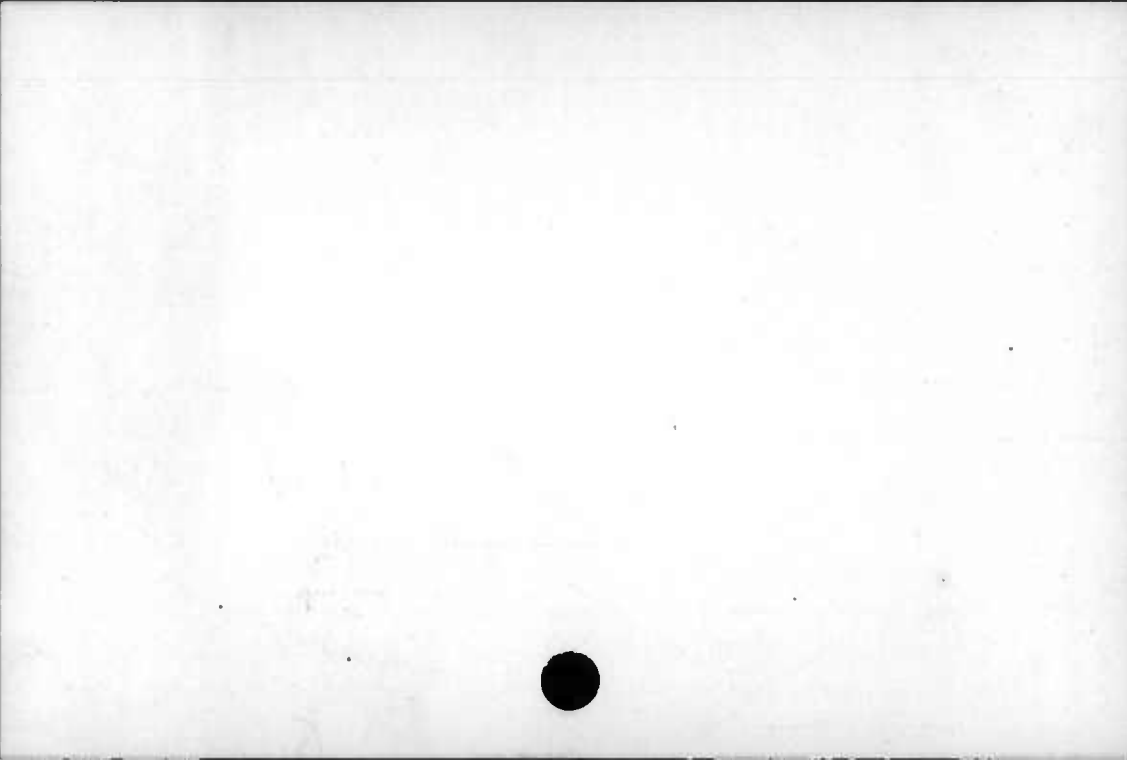
Address

P R Fisher
Dietrich

Md

Accident or Suicide?

-



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>23</i>	Years <i>1</i>	Months <i>10</i>	Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joe Raymond Murray</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Annie Rebecca Hardy</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>J. Raymond Murray</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>one week</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Stone</i>	
<i>Yes</i>		Address <i>Ridgely Md.</i>	
Accident or Suicide?			
<i>No -</i>			

Henry Burgees

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William M. Shields*

Died at *Leontia* Town *Caroline* County

DATE of death *1908* Month *May* Day *21* Age *20* Years Months *5* Days *-*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Howard Shields* Father's Birthplace *Ind*

Mother's Maiden Name *Fannie Jones* Mother's Birthplace *Ind*

Name of person giving information *Sister Dorsey* How related to deceased *Aunt*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Epilepsy* How long *20 years*

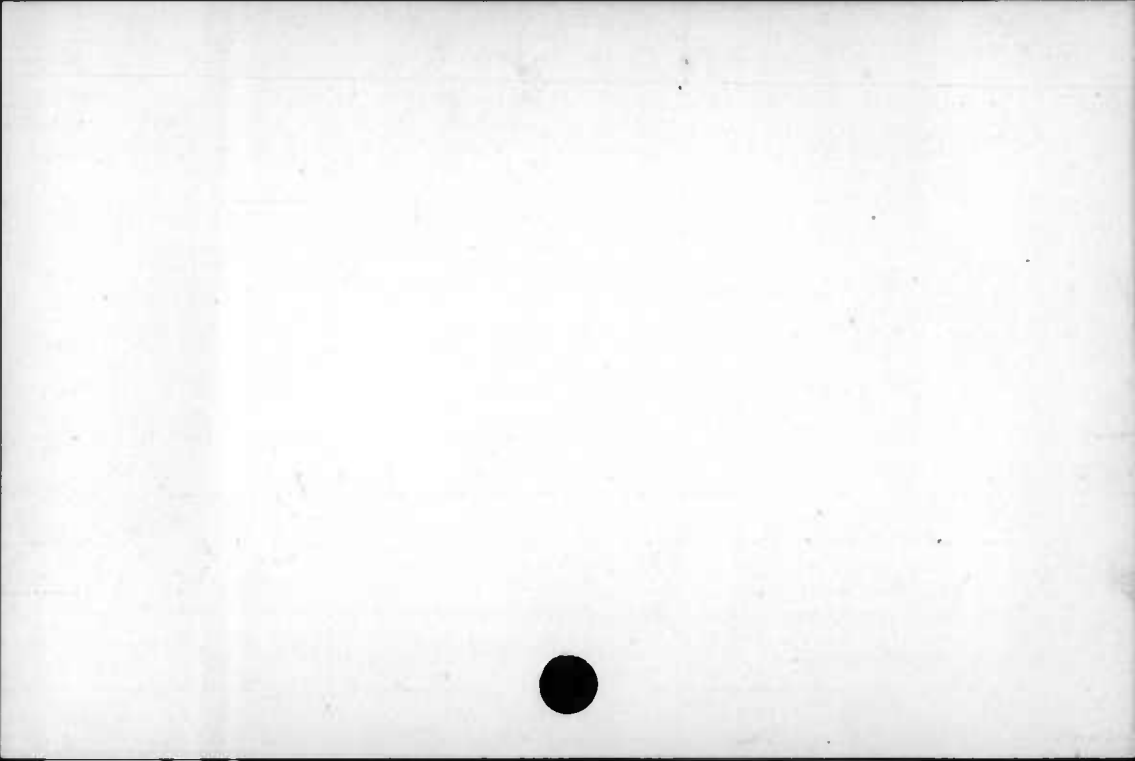
Immediate *Same* How long *20 years*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P. B. Fisher*

Address *Wheaton*

Accident or Suicide? *No*



Name
in
Full

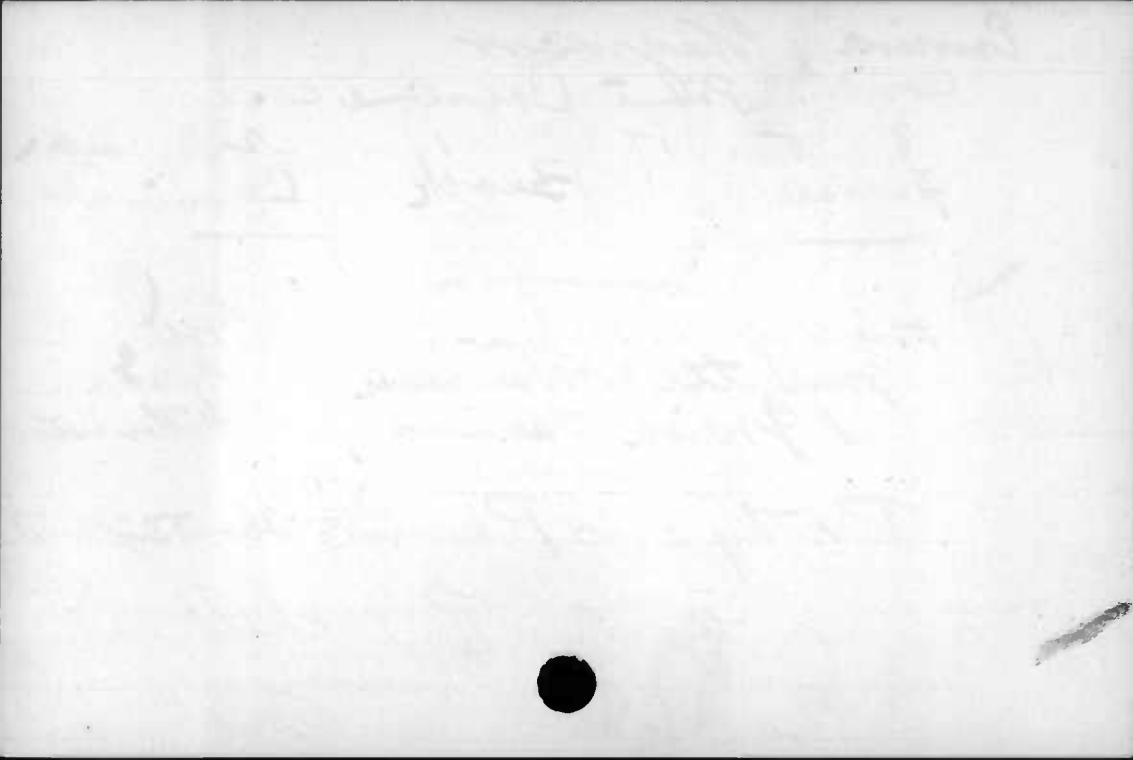
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>J. J. Wallace</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Ridgely</i>		Month <i>5</i>		Day <i>12</i>		Years <i>33</i>	
Date of death <i>1908</i>		Months <i>5</i>		Days <i>12</i>		Age <i>33</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Ridgely</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ethel Wallace</i>					
Father's Name <i>J. J. Wallace</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Annie S. Howloen</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Annie S. Wallace</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Rheumatism</i>	48 How long <i>8 years</i>
	Immediate <i>Heart failure</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
	Signature of Physician <i>H. P. Dickerson</i> Address <i>Ridgely Md.</i>	
Accident or Suicide?		



Name
in
Full

Eminie Wayman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Coward <small>Town</small>		Pine <small>County</small>		Coroline co.		MARYLAND	
Date of death 1908		Month 5		Day 17		Age 1 <small>Years</small>	
						Months 2	
						Days 24	
Sex Female		Color or Race Black		Birth-place Corine co			
Occupation 				Where Residing if not at place of death 			
Married, Single or Widowed 				Name of Wife or Husband 			
Father's Name Harry Washer				Father's Birthplace Ind			
Mother's Maiden Name Mertle V. Wayman				Mother's Birthplace Ind.			
Name of person giving information Gracie Thomas				How related to deceased Father in Law			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis about Six months	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician R. Hackett Ind.
		Address Queen Anne Ind.
Accident or Suicide?	no	

Bells Chapel

5/18

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Webb</i>		Town <i>near Britton</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>May</i>		Day <i>1</i>		Years <i>89</i>	
Date of death <i>1908</i>		Months <i>2</i>		Days			
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death —					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband —					
Father's Name <i>Joseph Webb</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Donk Knowl</i>		Mother's Birthplace <i>Donk Knowl</i>					
Name of person giving information <i>Annie Gwaltney</i>		How related to deceased <i>Grand Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Infirmities of age</i>	How long <i>2 months</i>
Immediate	—	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Hobbs</i>
		Address <i>Britton Md.</i>
Accident or Suicide?		

